

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

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| SERIAL NO. | 109077488 | FILING DATE | 10/16/01 |
| APPLICANT(S) | | | |

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
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| TOTAL DEP. | 28 | | ↔ | ↔ | ↔ | ↔ |
| TOTAL CLAIMS | 31 | ██████████ | ██████████ | ██████████ | ██████████ | ██████████ |

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| TOTAL IND. | | | ↓ | ↓ | ↓ | ↓ | | |
| TOTAL DEP. | | | ↔ | ↔ | ↔ | ↔ | | |
| TOTAL CLAIMS | | ██████████ | ██████████ | ██████████ | ██████████ | ██████████ | | |

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS